

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596654

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		1		1		
4		3		1		
5		3		1		
6		0		1		
7		1		1		
8		0		1		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14		0		1		
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50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		1		↓		↓
TOTAL CLAIMS		14		↓		↓
		15				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓